



# Wyoming Machine, Inc.

## Application for Employment

Notice to all applicants: If employment is offered, you will be required to undergo a pre-employment medical questionnaire, physical and drug test at a clinic of Wyoming Machine's choice and at no cost to you. Upon satisfactory completion of tests, then and only then will a job offer be valid.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

Position(s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

How did you learn about us? (circle below)			
Advertisement Relative	Friend Internet	Walk-In Billboard	Employment Agency Other _____

Last Name _____	First Name _____	Middle Name _____
Present Address _____		
City _____	State _____	Zip Code _____
Telephone Number (____) _____	Social Security Number _____	

Are you 18 years of age or older? .....Yes No

Have you ever filed an application with us before?.....Yes No  
If yes, give date \_\_\_\_\_

Have you ever been employed with us before?.....Yes No  
If yes, give date \_\_\_\_\_

Are you currently employed?.....Yes No

May we contact your present employer? .....Yes No

Are you prevented from lawfully becoming employed in this country because of  
Visa or Immigration Status? .....Yes No  
(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? \_\_\_\_\_

Are you available to work \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

What shift would you prefer? (circle preference) 1st 2nd 3rd

Are you willing to work other shifts? .....Yes No  
If yes, what shifts? 1st 2nd 3rd

Have you ever been convicted of or plead guilty to a felony?.....Yes No  
(Conviction will not necessarily disqualify an applicant from employment)  
If yes, please explain \_\_\_\_\_

Education	Name & Location of School	No. of Yrs. Attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade, Business or Other Schools				

Describe any specialized training, apprenticeship, skills or hobbies \_\_\_\_\_

\_\_\_\_\_

Describe any job-related training received in the United States military \_\_\_\_\_

\_\_\_\_\_

*Complete if Applicable*

For each piece of equipment listed below, please put an O next to the ones you can operate. If you can set up and operate, put an S. Also, fill in the number of years of experience on each piece of equipment

O/S	Yrs. Exp.	
		Drill Press
		Engine Lathe
		Forklift Truck
		Grinding
		Inspection
		Internal Grinder
		Lasers
		Mechanical Assembly
		Milling Machine

O/S	Yrs. Exp.	
		Press Brake
		Program CNC
		Shear
		Truck Driver
		Turret
		Tool & Cutter Grinder
		Welding - Mig
		Welding - Tig

List other machines you can operate, or any special training: \_\_\_\_\_

\_\_\_\_\_

Check below the office skills which apply:

- Calculator   
 Copy Machine   
 Fax Machine   
 Personal Computer

List computer software you are familiar with. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

U.S. Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_

### Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer Name		Dates Employed (Date/Month/Year)	
Telephone Number ( )		From	To
Address			
Hourly Rate/Salary	Starting		Final
Job Title		Supervisor	
Work Performed			
Reason for Leaving			

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Telephone Number ( )		From	To
Address			
Hourly Rate/Salary	Starting		Final
Job Title		Supervisor	
Work Performed			
Reason for Leaving			

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Address			
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Address			
Hourly Rate/Salary	Starting		Final
Job Title		Supervisor	
Work Performed			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

### References

Give the names of three person not related to you, whom you have known at least one year.

Name	Address/Phone	Business	Yrs. Acquainted
1.			
2.			
3.			

I certify that the facts contained in this application are true and complete and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

In consideration of my employment, I agree to abide by all policies and regulations of the Company. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by Wyoming Machine, Inc. at any time for any reason. Any oral or written statements that contradict this employment at will relationship are disavowed by Wyoming Machine, Inc. and should not be relied upon by any employee.

I understand and agree that, if employment is offered, I will undergo a pre-employment medical questionnaire, physical, and drug test at a clinic of Wyoming Machine s choice and at no cost to myself. Upon satisfactory completion of tests, then and only then will a job offer be valid.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Do Not Write Below This Line

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Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Hired:        Yes    No    Position \_\_\_\_\_ Dept \_\_\_\_\_

Salary/Wage \_\_\_\_\_ Date reporting to work \_\_\_\_\_

Approved:    1 \_\_\_\_\_                      2 \_\_\_\_\_                      3 \_\_\_\_\_  
                   Employment Manager            Department Head            General Manager

Notes:

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